STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR PUBLICATIONS

DATE

AMOUNT REQUESTED	MANUALS	REVISION SERVICE REQUESTED (Check (✔) One) Yes	No
	Operations Policies and Procedures	☐	☐
	Child Support Program	☐	☐
	Staff Development and Training	☐	☐
	Fiscal Management and Control	☐	☐
	Statistical Reports	☐	☐
	Child Welfare Services	☐	☐
	Social Service Standards	☐	☐
	Eligibility and Assistance Standards (AFDC)	☐	☐
	Food Stamps Policies and Procedures	☐	☐
	Specialized Programs	☐	☐
	Confidentiality, Fraud, Civil Rights, and State Hearing	☐	☐
	Deaf Access Program Manual	☐	☐
	Adoptions Users Manual	☐	☐
	Maternity Home Care	☐	☐

CCL TITLE 22 DIVISION'S 6 AND 12
(✔ Check appropriate)

AMOUNT REQUESTED		Newsprint	Manual	REVISION SERVICE REQUESTED (Check (✔) One) Yes	No
	General Licensing Requirements	☐	☐	☐	☐
	Social Rehabilitation Facilities	☐	☐	☐	☐
	Adult Day Care Facilities	☐	☐	☐	☐
	Adult Day Support Center	☐	☐	☐	☐
	Small Family Homes	☐	☐	☐	☐
	Group Homes	☐	☐	☐	☐
	Adult Residential Facilities	☐	☐	☐	☐
	Foster Family Homes	☐	☐	☐	☐
	Residential Care Facilities for The Elderly	☐	☐	☐	☐
	Residential Care Facilities for the Chronically ill	☐	☐	☐	☐
	Foster Family Agencies	☐	☐	☐	☐
	Adoption Agencies	☐	☐	☐	☐
	Child Day Care General Licensing Requirements	☐	☐	☐	☐
	Day Care Centers Regulations (Infant Regulations)	☐	☐	☐	☐
	Family Day Care Homes For Children ☐ Eng ☐ Sp	☐	☐	☐	☐

SHIP TO

REQUESTOR'S NAME

AGENCY NAME

ADDRESS (NO.) (STREET)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER
( )

AMOUNT REQUESTED	OTHER ITEMS

DATE RECEIVED

FILLED BY: DATE:

SHIPPED BY: DATE

PIECES: WEIGHT:

VIA B/L

REMARKS